at this time, DOC is requesting the deactivation of the following EPA Identification Numbers:

- a. NYD981487788 (formerly used for the Robert N. Davoren Complex on Riker's Island)
- b. NYD9814877701 (formerly used for the Eric M. Taylor Center on Riker's Island)
- c. NYD981487754 (formerly used for the George Motchan
 Detention Center on Riker's Island)
- d. NYD981487705 (formerly used for the Anna M. Kross Center on Riker's Island)
- e. NYD981487713 (formerly used for the James a. Thomas

 Detention Center on Riker's Island)
- f. NYD981487796 (formerly used for the Otis Bantum Correctional Center on Riker's Island)
- g. NYD986914117 (formerly used for the NYCDOC-North Infirmary Command on Riker's Island)
- h. NYD986914000 (formerly used for the NYCDOC- Rose M.
 Singer Detention Center on Riker's Island)

I would appreciate it if you would clarify how the Department should indicate the facility address where the waste was removed on the manifests. Should the actual facility address be used with the one retained EPA identification number or should all manifests list the facility address at 16-16 Hazen Street, E. Elmhurst, NY? This is the address that is currently used for

the retained EPA identification number. Please let me know if you need any additional information. I can be reached at 718-546-3090.

Thank you for your attention to this matter.

Sincerely,

Patricia Feeney

Assistant Commissioner

Environmental Health

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NEW YORK CITY DEPARTMENT OF CORRECTION Joseph Ponte, Commissioner

Patricia Feeney, Assistant Commissioner

Environmental Health 17-41 Hazen Street E. Elmhurst, N.Y. 11370

> 718 • 546 • 3090 Fax 718 • 546 • 3086

June 16, 2014

U.S. Environmental Protection Agency - Region 2

Clean Air and Sustainability Division

Hazardous Waste Programs Branch

290 Broadway, 22nd Floor

New York, NY 10007-1866

Attn.: RCRA Notifications



To Whom It May Concern:

This is the second request that I am sending to the Environmental Protection Agency ("EPA) on behalf of the New York City Department of Correction ("DOC"). The New York City Department of Correction ("DOC")'s is correctly using one Environmental Protection Agency ("EPA") identification number (#NYD981487721) for all of the waste removal activities that occur at the facilities on Riker's Island, at the direction of the New York State Department of Environmental Conservation, Region II office in Long Island City, New York. The above referenced EPA ID number was formerly used only for the DOC Support Services Division including the Key-Span Powerhouse all on Riker's Island; however, currently this number is being used for all of the Riker's Island facilities. Therefore,

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Carl 1



ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

Region 2

09/13/2007

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYD981487713

INSTALLATION NAME: | JAMES A THOMAS CENTER

INSTALLATION ADDRESS:

14-14 HAZEN ST

EAST ELMHURST, NY 11370

MAILING ADDRESS:

17-41 HAZEN ST

EAST ELMHURST, NY 11370

EPA Form 8700-12AB (4-80)

USEPA - REGION 2 RCRA Programs Branch 290 Broadway, 22nd Floor New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS

Tel: (212) 637-4106 Fax: (212) 637-4437

TO: JAMES A THOMAS CENTER

or Current Occupant

ATTN: PATRICIA FEENEY

17-41 HAZEN ST

EAST ELMHURST, NY 11370

1,



(update)



OMB#: 2050-0028 Expires 06/30/2009

SEND COMPLETED FORM TO:	United States Environmental Protection A	gency 2007 JU	12 PH 2: 37
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATIO	N FORM	RANCH
1. Reason for Submittal (See instructions on page 13.) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: ☐ To provide Initial Notification of Regulated Waste Activity (to obwaste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated Waste Activity ☐ As a component of a First RCRA Hazardous Waste Part A Pert As a component of a Revised RCRA Hazardous Waste Part A ☐ As a component of the Hazardous Waste Report	y (to update site ident mit Application	ification information)
2. Site EPA ID Number (page 14)	EPAID Number NI	1131	
3. Site Name (page 14)	Name: James A. Thous	as Cen	ter
4. Site Location Information (page 14)	Street Address: 14-14 HAZEN S City, Town, or Village: EAST E Mhurst County Name: Que NS	t.	State: NU Zip Code: 11370
5. Site Land Type (page 14)	Site Land Type: Private County District Federal	□ Indian Municip	al State Other
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 14)	A. B. L_		_l _l
7. Site Mailing Address (page 15)	Street or P. O. Box: 17-41 HAZEN City, Town, or Village: E. Elmhurst State: NEW YORK Country: USA	Zip Code:	370
8. Site Contact Person (page 15)	Phone Number: 718 54639 (extension:	Last Name: F@ Email address:	eney
9. Operator and Legal Owner of the Site (pages 15 and 16)	B. Name of Site's Legal Owner:	☐ Indian ☑ Municip	al State Other mer (mm/dd/yyyy):
EPA Form 8700-1	Owner Type:	Indian II/Municip	Page of 3

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OMB#; 2050-0028 Expires 06/30/2009

SEND COMPLETED	United States Environmental Pr	rotection i	Agency	AUG 28 PH 3: 56							
The Appropriate State or EPA Regional Office.	RCRA SUBTITLE C SITE IDENTIFICATION FORM										
Reason for Submittal (See instructions on page 13.)	Reason for Submittal: ☐ To provide Initial Notification of Regulated Waste waste, universal waste, or used oil activities) ☐ To provide Subsequent Notification of Regulated	185-156		?							
MARK ALL BOX(ES) THAT APPLY	☐ As a component of a First RCRA Hazardous Waste Part A Permit Application										
	As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #) As a component of the Hazardous Waste Report										
2. Site EPA ID Number (page 14)	EPA ID Number	81 <u>7</u> 11 <u>7</u>	1/131								
3. Site Name (page 14)	Name: James A. Tho.	mey	Center								
4. Site Location	Street Address: 14-14 14920	co S	treet	,							
(page 14)	City, Town, or Village: East E/n	State:									
	County Name: Bronx		,	Zip Code: //3 70							
5. Site Land Type (page 14)	Site Land Type: Private County District	□ Federal	☐ Indian ☐ Municip	al 🗆 State 🗅 Other							
6. North American Industry	A	B. I_	<u> </u>	_1							
Classification System (NAICS) Code(s) for the Site (page 14)	C. D.										
7. Site Mailing Address	Street or P. O. Box: / 7 - 4 / //	GZCO	Street	Re							
(page 15)	City, Town, or Village: East Elmhurst										
	State: New York										
	Country: (15/2)		Zip Code:	1370							
8. Site Contact Person	First Name: Patricia	MI:	Last Name:	Loey							
(page 15)	Phone Number: 546 309 Extension:	Email address: Perney & DOC. NYC-									
Operator and Legal Owner	A. Name of Site's Operator: NYC Depon month of Correct	for	Approximate,	rator (mm/dd/yyyy): Y <u> </u>							
of the Site (pages 15 and 16)	Operator Type: Private County District	□ Federal		al State Other							
	B. Name of Site's Legal Owner: Date Became Owner (mm/dd/yyyy): Owner Type: Private County District Federal Indian Polynomic State Other										
	Owner Type: Private County District	u rederal	indian ya wanicip	Dona 4 -44							

EPA ID NO: IN	D19181/1418171171/131	OMB#: 2050-0026 Expires 06/30/2006
9. Legal Owner		0- Hydson Street 13:56
(Continued) Address	City, Town, or Village: New Yor	n ROLL
	State: New York	- F / (IU)
	Country: (15/7)	Zip Code: / 00/3
10. Type of Regulated Mark "Yes" or "No	Waste Activity " for all activities; complete any additional be	oxes as instructed. (See instructions on pages 17 to 20.)
A. Hazardous Was	ste Activities arts for 1 through 6.	•
YND 1. Generator	of Hazardous Waste	Y N A 2. Transporter of Hazardous Waste
If "Yes", c	hoose only one of the following - a, b, or c.	Y D N 2 3. Treater, Storer, or Disposer of
🗖 a. LQG	: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or	Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
	of non-acute hazardous waste; or	Y D N 🕅 4. Recycler of Hazardous Waste (at your site)
C. CES	QG: Less than 100 kg/mo (220 lbs,/mo.) of non-acute hazardous waste	Y □ N Ø 5. Exempt Boiler and/or Industrial Furnace
	of non-acute nazardous waste	If "Yes", mark each that applies.
In addition,	indicate other generator activities.	a. Small Quantity On-site Burner Exemption
Y N N A d, Unit	ed States Importer of Hazardous Waste	D. Smelting, Melting, and Refining
Y □ N Æ (e. Mixe	ed Waste (hazardous and radioactive) Generator	Y D N C 6. Underground Injection Control
B. Universal Was	te Activities	C. Used Oil Activities
	*	Mark all boxes that apply.
YOND 1, Large Qua	antity Handler of Universal Waste (accumulate or more) [refer to your State regulations to	Y 🗆 N 🖫 1. Used Oil Transporter
5,000 kg o	what is regulated]. Indicate types of univers	1 1
	oxes that apply:	a. Transporter
mark an o	Manage	☐ b. Transfer Facility
a. Batteries	×	Y IN 1 2. Used Oil Processor and/or Re-refiner
	mg2	if "Yes", mark each that applies.
b. Pesticide		a, Processor
c. Thermos	itats O	□ b. Re-refiner
d. Lamps	Land Part	Y 🗆 N 🎜 3. Off-Specification Used Oil Burner
1	pecify) Leval 1957	Y □ N 和 4. Used Oil Fuel Marketer
f. Other (s	pecify)	If "Yes", mark each that applies.
g. Other (s		a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
Y D N 🛱 2. Destinati Note: A ha	on Facility for Universal Waste zardous waste permit may be required for this ac	D h Marketer Who First Claims the

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EPA ID NO: 1 N 1 1 D 19 8 1 1 1 4 8 7 1 7 1 3

OMB#: 2050-0028 Expires 06/30/2006

9. Legal Owner	Street or P. O. Box:	2007 . 11 1.2 . 24
(Continued) Address	City, Town, or Village:	NOR.1 LL.
,	State:	BRANCH
	Country:	Zip Code:
10. Type of Regulated Mark "Yes" or "No		as instructed. (See instructions on pages 17 to 20.)
A. Hazardous Was	ste Activities arts for 1 through 6.	
Y N □ 1. Generator	of Hazardous Waste	Y ☐ N ☐ 2. Transporter of Hazardous Waste
	hoose only one of the following - a, b, or c.	
		Y □ N □ 3. Treater, Storer, or Disposer of
	: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or	Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
Ď(b. SQG	i: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)	
	of non-acute hazardous waste; or	Y □ N □ 4. Recycler of Hazardous Waste (at your site)
☐ c. CES	QG: Less than 100 kg/mo (220 lbs./mo.)	
	of non-acute hazardous waste	Y □ N □ 5. Exempt Boiler and/or Industrial Furnace If "Yes", mark each that applies.
In addition,	indicate other generator activities.	a. Small Quantity On-site Burner Exemption
Y □ N □ d. Unite	ed States Importer of Hazardous Waste	□ b. Smelting, Melting, and Refining
Y □ N □ e. Mixe	ed Waste (hazardous and radioactive) Generator	Y □ N □ 6. Underground Injection Control
B. Universal Was	te Activities	C. Used Oil Activities
VDND4 Large Oue	with Hamilton of Universal Marta (account)	Mark all boxes that apply.
	ntity Handler of Universal Waste (accumulate r more) [refer to your State regulations to	V [] N [] 4 Head Oil Transporter
	what is regulated]. Indicate types of universal	Y □ N □ 1. Used Oil Transporter If "Yes", mark each that applies.
	oxes that apply:	a. Transporter
mark an o	Manage	□ b. Transfer Facility
	<u>manago</u>	a s. manolor rasmy
a. Batteries	<u>a</u>	Y □ N □ 2. Used Oil Processor and/or Re-refiner
b. Pesticides	s 📮	If "Yes", mark each that applies. a. Processor
c. Thermost	ats \square	□ b. Re-refiner
d. Lamps	1 (Dan O 1 / 0	
e. Other (sp	ecify)	Y □ N □ 3. Off-Specification Used Oil Burner
f. Other (sp	ecify)	Y □ N □ 4. Used Oil Fuel Marketer
g. Other (sp	ecify)	If "Yes", mark each that applies.
		a. Marketer Who Directs Shipment of
	n Facility for Universal Waste ardous waste permit may be required for this activity.	Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the
1.50.7.1102	and a required for the activity.	Used Oil Meets the Specifications

A DESTRUCTIONS

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1. Description	of Hazardous Was	es (See instruction	ns on page 21.)	This same		
handled at yo		the order they are p			of the Federal hazar , D003, F007, U112)	
8 000	a Salar English			2 4 10 1		
hazardous		our site. List them in			ne waste codes of the	
J						
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accordance with accordance with a my inquiry of the state of the state of the state of the RCRA Haws or the RCRA Haws are with accordance with accordance with the RCRA Haws are with accordance with a construction of the accordance with accordance with a construction of the accordance with a constructi	h a system designed he person or person itted is, to the best o mitting false informat	d to assure that qua s who manage the s f my knowledge and ion, including the po	lified personnel prop system, or those per d belief, true, accura ossibility of fine and	erly gather and eva sons directly respo te, and complete. I mprisonment for kr	epared under my dire aluate the information nsible for gathering the am aware that there nowing violations. gn (see 40 CFR 270.	n submitted. Based the information, the are significant
ignature of one	erator, owner, or ar		icial Title (type or	orint)		Date Signed (mm/dd/yyyy
uthorized repre		Sec. March				

Page 3 of 3

EPA Form 8700-12 (Revised 7/2006)

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Report run on: August 16, 2007 - 10:57 AM

NVD004407742 NVC HOUSE O	Generator: CEG Transporter: N Active: Y Operating TSDF:							
		Alest Control			Active	· Y		
Contrator:							N	
Activity Location: NY Source Type: Implem	enter :	Seq. Number:	2		Receive	Date: 01 JAN 2006		
Other/Previous Site Name: NYC HOUSE OF DETEN	TION FOR M	MEN						
Location 14-14 HAZEN ST Address: EAST ELMHURST, NY 11370-1396					EAST EL	MHURST, NY 11370		
For Source EAST ELMHUR	ST, NY 113	70	£				1	
The state of the s						own	Tsd Date:	Management of Appellance and Appella
latest N Notification Update 10/03 to ensure Leg Regulated Waste Activities	Dist is asso	ociated with corre	ect (Counties			Manifest logical Co	QG taken ove
Transfer Facility:		Used Oil Activ	/itie	:S	***************************************			
Other Hazardous Waste Generator Activities		Used Oil Tran	nspo	orter Activity	1	Off-Specification Us	ed Oil Burner:	No
				lity		Used Oil Fuel Marke	eter Activity	
Transporter Activity:	No	Used Oil Processor and/or			NO	off-specification	used oil to	N
TSD Activity: Recycler Activity:				.	No	5.01 MI 20. 00		NO
Exempt Boiler and/or Industrial Furnace	·····	Refiner:						No
Small Quantity Onsite Burner Exemption: Unk Smelting, melting, Refining Furnace			ol:		No		for	Unknown
Activity Location: NY Source Type: Implem	enter	Seq. Number:	1		Receive	Date: 08 JUL 1999		
Other/Previous Site Name: NYC HOUSE OF DETEN	TION FOR I	MEN						
Location 14-14 HAZEN ST Address: EAST ELMHURST, NY 11370-1396			1					
						r- U	Tsd Date:	
Notes: Update 10/03 to ensure Leg_Dist is associate Regulated Waste Activities								
B. Carlos Carlos Academ					r			
	liowii	Used Oil Activ				Off Consideration He	ad Oil Burnari	No
Other Hazardous Waste Generator Activities Importer Activity: Unk	nown	Used Oil Tran Transporte	7.50	orier Activit	y No	Off-Specification Us		NO
	nown	Transfer F		ility:	No	Used Oil Fuel Marketer who di	The state of the s	
Transporter Activity: TSD Activity:	No No	Used Oil Proc Re-refiner Act				off-specification	used oil to	No
Recycler Activity:	No	Processor Refiner:	r:		No		st claims the used	
Exempt Boiler and/or Industrial Furnace		r (Gillier).			No	oil meets the spe	ecifications:	No
Smelting, melting, Refining Furnace	nown	Underground Injection Contro	ol:		No	Destination Facility Universal Waste:	for	



NEW YORK CITY DEPARTMENT OF CORRECTION Martin F. Horn, Commissioner

Patricia Feeney, Assistant Commissioner Environmental Health Unit 17-41 Hazen Street East Elmhurst, NY 11370

> 718 • 546 • 3090 Fax 718 • 546 • 3086

August 28, 2007

Carrie Smith
US EPA REGION 2
Division of Environmental Planning & Protection
RCRA Programs Branch
290 Broadway, 22nd Floor
New York, NY 10007-1866

Dear Ms. Smith,

Attached is the RCRA Subtitle C Site Identification Form for the hazardous waste removed from the New York City Department of Correction James A. Thomas Center. The James A. Thomas Center was formerly known as the House of Detention for Men.

Feel free to contact me at 718-546-3093 or 718-546-3090 if you have any questions regarding this matter.

Sincerely,

G. Mathews Deputy Director "기계" 전기계에서 되는 이 4시 때 시간 어떤 이 경기 없는 것 같아. 그 10 기술

United States Environmental Pro Washington, DC 204	60	Please refer to the Instructions for Filing Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).
For Official Use Only		and Recovery Aug.
C Com	ments	
С		
Installation's EPA ID Number	Approved (yr. mo.	ved day)
CN17081487712T/AC		081
Name of Installation		00
M V C U O U C E O E D E	TENTION	FORMEN
VIT. C. HUVSE UF DE	TENTION	I UK MEN
I. Installation Mailing Address Street of Stre	r P.O. Box	SANSON PROPERTY OF THE
C14-14 HAZEN ST	REET	
3 1 7 1 1 7 7 2 2 7 3 1	N 9 9 1	State ZIP Code
CE ELMHURST		NY 11370
III. Location of Installation		10 1 2 2 7 0
	oute Number	
SAME		
City or Town		State ZIP Code
SAME		
V, Installation Contact		
Name and Title (last, first, end job title)		one Number (area code and number)
PALBERTIEDANTE'-	WARDEM71	82743523
V. Ownership		
A. Name of Installation's Legal Owner		B. Type of Ownership fenter code
RNEWYORK CITY		MUNICIPAL
VI. Type of Regulated Waste Activity (Mark 'X' in the ap		structions.) Dil Fuel Activities
A, Hazardous Waste Activity 1a. Generator	6. Off-Specification Used O	manually a larger of the contract of the state of the
2. Transporter	(enter 'X' and mark appro	ppriate boxes below)
3. Treater/Storer/Disposer	a. Generator Marke	ting to Burner
4. Underground Injection 5. Market or Burn Hazardous Waste Fuel	b. Other Marketer	可以为是实现的特殊
fenter 'X' and mark appropriate boxes below) ☐ a. Generator Marketing to Burner	The second secon	uel Marketer (or On site Burner)
b. Other Marketer	Who First Claims the Oil	Meets the Specification
☐ c. Burner		
VII. Waste Fuel Burning: Type of Combustion Device (enwhich hazerdous waste fuel or off-specification used oil fuel is burned.	ter 'X' in all appropriate boxes to inc See instructions for definitions of d	combustion devices.)
A. Utility Boiler B. Industri		Industrial Furnace
VIII. Mode of Transportation (transporters only — enter		
A. Air B. Rail C. Highway D. Water E. O	ther (specify)	Commence of the Commence of th
X. First or Subsequent Notification Mark 'X' in the appropriate box to indicate whether this is your instal	lation's first natification of hazard	lous waste activity or a subsequent
Mark X in the appropriate box to indicate whether this is your installation's notification, enter your installation's	EPA ID Number in the space provid	ded below.
A	TO 10 R 2 R 2 R 2 R 2 R 2 R 2 R 2 R 2 R 2 R	nstallation's EPA ID Number
A. First Notification B. Subsequent Notification (complete its	SM C)	

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aza	rdous	Wast	tes f	om S	pecific	Source	es. En	ter the	four-dig	git numb	er from	n 40 CFR Pai	rt 261.32 f	or each liste	d hazardou	s waste from
peci			you	insta			s. Use	additi	onal she	ets if ne	cessa	y. : 1000 000			7	
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ara	cteris	tics o	f No	nliste	d Haza	rdous	Waste	s. Ma	rk 'X' in t	he boxe	s corre	esponding to	the charac	cteristics of n	onlisted ha	zardous was
ur in	stalla	tion I	hand	es. /S	ee 40 (CFR Pa	rts 26	1.21 –	- 261.24	1				COP		32.5
	区	1. lgi	nitab 001)	e			y C		rrosive	1			Reactive DO03)			4. Toxic (D000)
Cer	tifica	-				1015	war of		002)				5003/	J. 4149		(2000)
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EPA Form 8700-12 (Rev. 11-85) Reverse

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